

## STANDARD CERTIFICATE OF DEATH

State File No. 23702

Registrar's No. 483

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		State File No. 23702		Registrar's No. 483			
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Clay</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Piggott</b>							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Drs. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>803<sup>0</sup>8</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Lyle</b>		b. (Middle) <b>Francis</b>		c. (Last) <b>Hollis</b>		4. DATE OF DEATH (Month) <b>7</b> (Day) <b>23</b> (Year) <b>57</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>7/22/57</b>		9. AGE (In years last birthday) <b>1</b> IF UNDER 1 YEAR Months <b>1</b> IF UNDER 24 HRS. Days <b>1</b> Hours <b>1</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Poplar Bluff, Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Francis Hollis</b>				13b. MOTHER'S MAIDEN NAME <b>Marianne Lucile Haber</b>				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Ernest Hollis</b>				ADDRESS <b>Rt. #1 Piggott, Ark</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Failure</b> DUE TO (c) <b>Con genital heart</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <b>7544</b>						20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m. from the causes and on the date stated above.											
23a. SIGNATURE <b>Dr. Markel Mrs. Poplar Bluff Mo</b>				(Degree or title) 23b. ADDRESS <b>Poplar Bluff Mo</b>				23c. DATE SIGNED <b>8/8/57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				24b. DATE <b>7/25/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Piggott Cemetery</b>				24d. LOCATION (City, town, or county) (State) <b>Piggott, Arkansas</b>	
DATE REC'D BY LOCAL REG. <b>8/8/57</b>				REGISTRAR'S SIGNATURE <b>Dr. Muntz</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>O. L. Mowery</b> ADDRESS <b>240 W. Court Piggott, Ark.</b>			

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 12 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Benneth W. Mowery*

Licensed Embalmer No. 1087

240 W. Court St.

P. O. Address Piggott, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.